



Individual Participating in the *New Directions* Waiver



WHO:

Individual of any age
DD Eligible
Receiving DDA funding
Wants to self-direct services
Chooses to receive service in community
Financially eligible



WHERE

Community
Anywhere in MD
Own home/family home



WHY

Like to be more involved
Want to take on more responsibility
Believe with more flexibility you can put together a better “fit” of services
Want more to say in how your service \$ is spent
Want to hire own staff



HOW

Submit Regional Information Form
Chat with Regional Office New Directions Coordinator



WHEN

Get OK from Regional New Directions Coordinator